CHECK ONE:		DR-1	OF
This is an initial* Statement of Organization	Reset Form	(Rev. 8/2011)	ORGANIZATION
☐ This is an amended* Statement of Organization * Statement must be filed within 10 days of committee accepting contribute.	tions and tion of the	For Office Use	Only
incurring debts exceeding \$750. Amendments must be filed within 30 days	tions, making expenditures, or	Comm. # 19	100
Effective January 1, 2011, ONLY county/local committees with less than 5	\$2000 in campaign activity may file	Indexed Audited	
using these forms. All other committees must file their statements and re	ports electronically.	Computer	
COMMITTEE NAME $\downarrow \downarrow$ (A candidate's committee must include t put old name in ().	the candidate's last name in the name	of the committee.) If a	amending committee name,
P. 11 6 Una	Pu		
IMPORTANT: Indicate type of committee you are reporting for:	HUMISWAM		
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2)Statewide PAC (3)State Party (4)County Central C	ommittee
(5) County Candidate (6) City Candidate (7) School Board or Othe	r Political Subdivision Candidate ()	B County PAC (9)	City PAC
(10)School Board or Other Political Subdivision PAC (11) Ballot Is	ssue (including committee involved	in multiple city/cour	nty ballot issues)
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (man	datory except for a	candidate's committee)
Name	Name 🗸 🗸	datory except for a	candidate's committee)
Mailing Address & Mailing Address & Am 1			
204 FAST ST	Mailing Address ↓ ↓		
City, State ↓ ↓ Zip Code ↓ ↓	City, State ↓ ↓ Zip Code ↓ ↓		
Treton IA 5/027			
Phone () 712-274 2297	Phone ()		
	Thore ()		
e-Mail	e-Mail		
INDICATE PURPOSE OF COMMITTEE - Check One Box A Comment or description:			
All Candidates Enter:	County/Local Candidates	Advocate against ball	ot issue(s)
Office Sought: Superviva Dist II			mmittees Enter:
Political Party (if applicable) No h 4	County:	LX	
	(If active in multiple ballot is	sue elections, attach	list of counties
District: #/	Date of Election: /	1-6-1	3
Year Standing for Election: Bank Account Name (must match committee name)			
thust match committee name)	Candidate name & Address or	Parent Entity (PACs Affiliate, or Sponso	
P		Anniate, or Sponso	
Name of Financial Institution/type of Account			
The state of the s	Mailing Address ↓ ↓		
Low 4 STATE BANK			
Mailing Address ↓ ↓	City ↓ ↓	State ↓ ↓	Zip ↓ ↓
City \downarrow State \downarrow Zip \downarrow	Phone ()		
Tretun In 5/027	Priorie ()		
	e-Mail		
STATEMENT OF AFFIRMATION: By filing this document the committee a	ffirms the following:		
1. The committee and all persons connected with the committee understand the	hat they are subject to the laws in lowa Co	ode spantars 69A and	COD and the administration
rules in Chapter 351 of the Iowa Administrative Code.	of the subject to the laws in Iowa Co	oue chapters 68A and	oob and the administrative
2. That Iowa Code section 68A.402 and rule 351—4.9 require the filing of disci	losure reports and that the failure to file th	nese reports on or hefo	are the required due dates
subjects the candidate of chairperson (in the case of committees other than a c	candidate's committee) to the automatic a	ssessment of a civil pe	enalty and the possible
imposition of other criminal and civil sanctions.			
3. That Iowa Code section 68A.405 and rules 351—4.38 through 4.41 require to olitical materials except for those items excepted by statute except.	the placement of the words "paid for by" a	and the name of the co	mmittee on all
olitical materials except for those items exempted by statute or rule. A committ shorter "paid for by" and does not intend to cross the \$750 filing threshold shall	tee that wisnes to register a committee ha I file the Form DR-SFA form in lieu of filing	ame for purposes of us	ing the
4. That Iowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit			
5. A candidate and a candidate's committee may only expend campaign funds			
That the committee will continue to file disclosure reports until all activity has dissolution (DR-3) has been filed.	s ceased, committee funds spent, debts re	esolved, and a final rep	port and a statement of
Signature of Treasurer		Date Signed	
NIII N	11 -	130	
Signature of Candidate, OR, for all other committees, Chairperson	4-3-	- Angelow	
- State Committees, Charperson		Date Signed	

FORM

STATEMENT

FOR INSTRUCTIONS, SEE BACK OF FORM